PATENT APPLICATION

<b>DECLARATION AND</b>	POWER OF	ATTORNEY
FOR PATENT APPLIC	ATION	

ATTORNEY DOCKET NO. MSFT122222

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND METHOD FOR UNPACKING PACKED EXECUTABLES FOR MALWARE EVALUATION

the specification of which is filed herewith, unless the following box is checked:

•	medical or maintain or	y med here with a large and a	
1	was filed on	as US Application Number	or PCT International Application
	Number		(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and I have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:

## POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the

Patent and Trademark Office connected therewi	n.	المسين بي المسينية بالمسينية في المسينية والمسينية والمسينية والمسينية والمسينية والمسينية والمسينية والمسينية
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Firm Address - 1420 Fifth Avenue, Suite 2800 City, State, and Zip - Seattle, WA 98101-2347 Contact Name - Tracy S. Powell Contact Phone No. - 206.695.1786 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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